

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. _____

PLACE OF BIRTH:
County Gila State ARIZONA
Township _____ or Village _____
City Globe No. _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____

Full name of child TORRES
Sex Male M If plural births { 4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature _____ Full term _____
7. Legitimate? _____
8. Date of birth June 15, 1894 193
(Month, day, year)

FATHER		MOTHER	
Full name <u>Francisco Torres</u>		Full maiden name _____	
Residence (usual place of abode) (If nonresident, give place and State) _____		19. Residence (usual place of abode) (If nonresident, give place and State) _____	
Color or race _____	12. Age at last birthday _____ (years)	20. Color or race _____	21. Age at last birthday _____ (years)
Birthplace (city or place and State or country): _____		22. Birthplace (city or place and State or country): _____	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. _____	
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
16. Date (month and year) last engaged in this work _____ 193	17. Total time (years) spent in this work _____	25. Date (month and year) last engaged in this work _____ 193	26. Total time (years) spent in this work _____
Number of children of this mother (At time of this birth and including this child) _____ (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____			
If stillborn, period of gestation _____ { months _____ or weeks _____		29. Cause of stillbirth _____ { Before labor _____ During labor _____	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was _____ at _____ m. on the date above stated.
(Born alive or stillborn)
(Signed) B. G. Fox M. D.
or _____ Midwife
Address _____
Filed 9-29-1894 193

Registrar

When there was no attending physician or midwife, then the father, householder, should make this return.
Name added from _____
a supplemental report _____ (Date of) _____

32-615 M